Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Connie's	**CHAPTER 100.1**
Address: **94-1040 Kuhaulua Street, Waipahu, Hawaii, 96797**	**Inspection Date: October 22, 2019 Annual**

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** No documented evidence of annual tuberculosis clearance for PCG and SCG #2.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The deficiency has been corrected. PCG and SCG #2 went to their doctor to have them complete proper documentation that is acceptable by Department of Health.	11/20/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** No documented evidence of annual tuberculosis clearance for PCG and SCG #2.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** This will not happen again because PCG and SCG #2 will not use forms that are not approved by OHCA in the future. I will use a yearly reminder on my phone calender to make sure proper documents will be used.	12/16/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (g) There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH. **FINDINGS** No evidence of three (3) days of water supply for Residents' in care home.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The deficiency has been corrected by purchasing three-five gallon bottles to adequately supply all residents living in the home!	10/23/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (g) There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH. **FINDINGS** No evidence of three (3) days of water supply for Residents' in care home.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make sure this will not happen again in the future by having three five gallon bottles in stock at the home.	10/23/19

Licensee's/Administrator's Signature: Cion Lafulayan

Print Name: Cion Baffulayan

Date: 11/20/19

Licensee's/Administrator's Signature: Cion Lafulayan

Print Name: Cion Baffulayan

Date: 12/16/19